



ANNUAL STATEMENT
For the Year Ending December 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI, 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI, 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.westoby@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title	
KATHY KENDALL	President	#
KEVIN TOMPKINS	Chairman	#
DON KOOY	Secretary	#
DAVE MAZURKIEWICZ	Treasurer	#
CAROL SOLOMON	Assistant Treasurer	#
KATHY KUDRAY D.O.	Chief Medical Officer	#

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL # RONALD SHAHEEN D.O. # DENNIS LAFOREST # DAVE MAZURKIEWICZ #	DON KOOY # KEVIN TOMPKINS # PATRICK HAYES # LAKISHA ATKINS #
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State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this day of , 2013	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
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(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
Capital Area Pulmonary Cons	3,512	641	4,948	4,948	4,948	9,100
Northside Service	10,935					10,935
Linn Products	52,340					52,340
Gentilozzi Real Estate	10,543					10,543
Lapeer County EMS	11,735					11,735
Evergreen Health Services	8,436	5,374				13,810
Americhem Sales Corporation	17,743	759				18,502
Albar Industries	41,240					41,240
Bharat Forge America, Inc	46,799					46,799
Davis Cartage Company	31,470					31,470
Jim Waldron Buick GMC	16,571					16,571
Metalist International	15,010					15,010
CJ Grondin Enterprises	10,304					10,304
Beecher Community School District	21,771					21,771
Techni Med	5,548	5,388				10,936
Ayers Basement Systems	12,073					12,073
Lapeer Industries	144,385					144,385
0299997 Subtotal - Group Subscribers:	460,415	12,162	4,948	4,948	4,948	477,524
0299998 Premiums due and unpaid not individually listed	690,906	49,223	6,595	19,882	19,882	746,727
0299999 Total group	1,151,321	61,385	11,543	24,830	24,830	1,224,251
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,151,321	61,385	11,543	24,830	24,830	1,224,251

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed				118,864	118,864	
0199999 Subtotal - Pharmaceutical Rebate Receivables				118,864	118,864	
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Maternity Case Rate	2,647,749	886,957	98,634	852,215		4,485,555
Sate of Michigan	681,508					681,508
0699998 Other Receivables - Not Individually Listed				41,375		41,375
0699999 Subtotal - Other Receivables	3,329,257	886,957	98,634	893,590		5,208,438
0799999 Gross health care receivables	3,329,257	886,957	98,634	1,012,454	118,864	5,208,438

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Individually Listed Claims Unpaid						
Alpena Regional Medi	10,421					10,421
Barbara Ann Karmanos	18,334					18,334
Bay Regional Medical	137,387					137,387
Borgess Medical Center	47,475	38,262				85,737
Bronson Battle Creek	11,113					11,113
Bronson Methodist Hospital	76,817					76,817
Central Michigan Commmunity Hospital	21,442					21,442
Charlevoix Area Hospital	10,941					10,941
Childrens Hospital	188,521					188,521
Cleveland Clinic Hospital	12,246	16,335				28,581
Commerce Township	15,133					15,133
Covenant Medical Center	190,457					190,457
Eaton Rapids Med Center	20,969					20,969
FMC Lansing Central	13,546					13,546
Genesys Regional Medical Center	23,391					23,391
Harper Hutzal Hospit	24,065					24,065
Hurley Medical Center	295,718					295,718
Ingham Regional Medical Center	62,623					62,623
Ionia Dialysis	24,644					24,644
Lakeland Hospitals	11,412					11,412
Lakeland Niles	15,044					15,044
Lakeland Royalton	60,047					60,047
Lapeer Regional Medical	44,036					44,036
McIaren Regional Medical	190,092					190,092
Memorial Healthcare	48,485					48,485
Mid Mich Med Centr Michigan	75,217					75,217
Midwestern Regional	10,938					10,938
Mount Clemens Region	11,118					11,118
Mt Clemens Regional	10,803					10,803
Mt Morris Dialysis	18,924					18,924
Munson Medical Center	20,697					20,697
North Oakland Dialysis	14,273					14,273
Northern Michigan Hospital	45,197					45,197
PDIGrand Rapids	28,435					28,435
POH Medical Ctr	35,952					35,952
Proctor Hospital	12,463					12,463
Providence Hospital	10,544					10,544
RCG East Lansing	69,997					69,997
RCG Lansing	195,539					195,539
Regents Of Univ Of Michigan	229,706					229,706
Rochester Dialysis Center	17,167					17,167
Saint Marys Health System	13,982					13,982
Sparrow Hospital	363,194					363,194
Spectrum Health	48,113					48,113
Spectrum Health Butterworth	92,127					92,127
St Francis Medical Center		24,241				24,241
St Marys Medical Center	28,116					28,116
St Marys Of Michigan	16,096					16,096

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
William Beaumont Hospital	49,814					49,814
0199999 Total - Individually Listed Claims Unpaid	2,992,771	78,838				3,071,609
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	16,174,985	700,242	46,621	29,764	29,703	16,981,315
0499999 Subtotals	19,167,756	779,080	46,621	29,764	29,703	20,052,924
0599999 Unreported claims and other claim reserves						40,082,171
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						60,135,095
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,773,293

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
McLaren HeathCare Corporation	112,343					112,343	
Health Advantage Inc	915,094					915,094	
0199999 Total - Individually listed receivables	1,027,437					1,027,437	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	1,027,437					1,027,437	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
McLaren Health Plan Insurance Company	Professional Services	75,465	75,465	
McLaren Health Care Corporation	Professional Services	1,274,564	1,274,564	
Health Advantage INC	Professional Services	789,628	789,628	
McLaren Regional Medical Center	Professional Services	85,339	85,339	
0199999 Total - Individually listed payables	X X X	2,224,997	2,224,997	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	2,224,997	2,224,997	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	97,549,855	24.424	144,029	100.000		97,549,855
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	97,549,855	24.424	144,029	100.000		97,549,855
Other Payments:							
5.	Fee-for-service	6,666,605	1.669	X X X	X X X		6,666,605
6.	Contractual fee payments	295,179,180	73.906	X X X	X X X	259,622,436	35,556,744
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	301,845,785	75.576	X X X	X X X	259,622,436	42,223,349
13.	TOTAL (Line 4 plus Line 12)	399,395,640	100.000	X X X	X X X	259,622,436	139,773,204

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,344,392	.....	845,862	.....	498,530	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,344,392	.....	845,862	.....	498,530	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	128,874	35	17,163					481	111,195	
2. First Quarter	133,290	45	18,564					515	114,166	
3. Second Quarter	135,699	48	19,204					560	115,887	
4. Third Quarter	139,099	49	21,347					556	117,147	
5. Current Year	144,029	53	22,834					559	120,583	
6. Current Year Member Months	1,639,850	572	243,079					6,498	1,389,701	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	997,604	334	141,747					2,338	853,185	
8. Non-Physician	401,572	391	165,996					3,263	231,922	
9. TOTAL	1,399,176	725	307,743					5,601	1,085,107	
10. Hospital Patient Days Incurred	78,175		5,169					1,014	71,992	
11. Number of Inpatient Admissions	18,622		1,349					141	17,132	
12. Health Premiums Written (b)	457,386,217	254,012	70,350,260					7,585,288	379,196,657	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	457,386,217	254,012	70,350,260					7,585,288	379,196,657	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	398,969,828	332,223	60,089,316					6,468,199	332,080,090	
18. Amount Incurred for Provision of Health Care Services	407,932,219	349,932	63,372,408					6,306,579	337,903,300	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,585,288



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	128,874	35	17,163					481	111,195	
2. First Quarter	133,290	45	18,564					515	114,166	
3. Second Quarter	135,699	48	19,204					560	115,887	
4. Third Quarter	139,099	49	21,347					556	117,147	
5. Current Year	144,029	53	22,834					559	120,583	
6. Current Year Member Months	1,639,850	572	243,079					6,498	1,389,701	
TOTAL Member Ambulatory Encounters for Year:										
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9. TOTAL	1,399,176	725	307,743					5,601	1,085,107	
10. Hospital Patient Days Incurred	78,175		5,169					1,014	71,992	
11. Number of Inpatient Admissions	18,622		1,349					141	17,132	
12. Health Premiums Written (b)	457,386,217	254,012	70,350,260					7,585,288	379,196,657	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	457,386,217	254,012	70,350,260					7,585,288	379,196,657	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	398,969,828	332,223	60,089,316					6,468,199	332,080,090	
18. Amount Incurred for Provision of Health Care Services	407,932,219	349,932	63,372,408					6,306,579	337,903,300	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,585,288

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0999999 Total (Sum of 0399999 and 0699999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
22667	95-2371728 ...	01/01/2012	ACE AMER INS CO	PA	97,305 .....	.....
22667	95-2371728 ...	03/01/2012	ACE AMER INS CO	PA	72,338 .....	.....
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					169,644 .....	.....
1399999 Total - Accident and Health - Non-Affiliates					169,644 .....	.....
1499999 Total - Accident and Health					169,644 .....	.....
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					169,644 .....	.....
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....					.....	.....
1799999 Total (Sum of 0799999 and 1499999)					169,644 .....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
22667	95-2371728	01/01/2012	ACE AMER INS CO	PA	SSL/L/I	2,100,297						
22667	95-2371728	03/01/2011	ACE AMER INS CO	PA	SSL/L/I	211,896						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						2,312,193						
0699999 Total - General Account - Authorized - Non-Affiliates						2,312,193						
0799999 Total - General Account Authorized						2,312,193						
1499999 Total - General Account - Unauthorized												
2199999 Total - General Account - Certified												
2299999 Total - General Account - Authorized, Unauthorized and Certified						2,312,193						
2999999 Total - Separate Accounts - Authorized												
3699999 Total - Separate Accounts - Unauthorized												
4299999 Total - Separate Accounts - Certified - Non-Affiliates												
4399999 Total - Separate Accounts - Certified												
4499999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
4599999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599993, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						2,312,193						
4699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)												
4799999 Total (Sum of 2299999 and 4499999)						2,312,193						

33 **Schedule S - Part 4** **NONE**

34 **Schedule S - Part 5** **NONE**

35 **Schedule S - Part 5 (continued)** **NONE**

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	1,636	1,131	847	666	319
2. Title XVIII-Medicare	22				
3. Title XIX - Medicaid	654	358	372	313	283
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	170	353	448	249	175
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		X X X	X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		X X X	X X X	X X X	X X X
18. Funds deposited by and withheld from (F)		X X X	X X X	X X X	X X X
19. Letters of credit (L)		X X X	X X X	X X X	X X X
20. Trust agreements (T)		X X X	X X X	X X X	X X X
21. Other (O)		X X X	X X X	X X X	X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	114,846,804		114,846,804
2. Accident and health premiums due and unpaid (Line 15)	1,249,081		1,249,081
3. Amounts recoverable from reinsurers (Line 16.1)	169,644		169,644
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	6,516,616		6,516,616
6. TOTAL Assets (Line 28)	122,782,146		122,782,146
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	60,135,095		60,135,095
8. Accrued medical incentive pool and bonus payments (Line 2)	2,773,293		2,773,293
9. Premiums received in advance (Line 8)	1,185,567		1,185,567
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	10,207,668		10,207,668
15. TOTAL Liabilities (Line 24)	74,301,622		74,301,622
16. TOTAL Capital and Surplus (Line 33)	48,480,524	X X X	48,480,524
17. TOTAL Liabilities, Capital and Surplus (Line 34)	122,782,146		122,782,146
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	
States, Etc.							Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
41	McLaren Hlth Grp	13789	27-1780283				McLaren Health Plan Insurance Company	US ..	DS ..	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2397643				McLaren HealthCare Corp	US ..	UDP ..					
		00000	38-3491714				McLaren HomeCare Group	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Visiting Nurse and Hospice	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Home Medical	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Pharmacy Services	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3584572				Great Lakes Cancer Institute	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2988086				McLaren Medical Group	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3255499				Regional EMS	US ..	NIA ..	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Foundation	US ..	NIA ..	McLaren Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	US ..	NIA ..	Bay Regional Medical Center ..	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2156534				Bay Medical Foundation	US ..	NIA ..	Bay Regional Medical Center ..	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Orthopedic Hospital	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637				Ingham Foundation	US ..	NIA ..	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1559180				Eaton Repids Medical Center	US ..	NIA ..	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				POH Regional Medical Center	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				The Riley Foundation	US ..	NIA ..	POH Regional Medical Center ..	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458				Physician Organized HealthCare System	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2895426				Lake Orion Nursing Center	US ..	NIA ..	POH Regional Medical Center ..	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hospital Foundation	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	US ..	NIA ..	Central Michigan Community Hospital	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689033				Lapeer Regional Medical Center	US ..	NIA ..	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp-any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
.....	00000	38-2689603	.....	.....	.....	Lapeer Regional Medical Center Foundation	US	NIA	Lapeer Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation .....	.....
.....	00000	38-1218516	.....	.....	.....	Mount Clemens Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation .....	.....
.....	00000	38-2578873	.....	.....	.....	Mount Clemens Regional HealthCare Foundation	US	NIA	Mount Clemens Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation .....	.....
.....	00000	91-2141720	.....	.....	.....	McLaren Health Advantage	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation .....	.....
.....	00000	27-2204037	.....	.....	.....	McLaren Health Plan Community	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation .....	.....
.....	00000	.....	.....	.....	.....	McLaren Insurance Company LTD.	US	NIA	McLaren HealthCare Corp .....	.....	100.0	McLaren Health Care Corporation .....	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION	21,900,000	.....	.....	.....	1,749,032	.....	.....	.....	23,649,032	.....
.....	75-2847104 ..	ANTHELIO HEALTHCARE SOLUTIONS .....		.....	.....	.....	279,051	.....	.....	.....	279,051	.....
95562 ..	38-3252216 ..	MCLAREN HLTH PLAN INC	(21,900,000)	.....	.....	.....	4,098,387	.....	.....	.....	(17,801,613)	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....		.....	.....	.....	6,943	.....	.....	.....	6,943	.....
13789 ..	27-1780283 ..	MCLAREN HEALTH PLAN INS CO .....		.....	.....	.....	(643,234)	.....	.....	.....	(643,234)	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....		.....	.....	.....	(5,490,179)	.....	.....	.....	(5,490,179)	.....
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation: Excludes transactions with Caresource holding company # 3683

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

9556220123600000 2012 Document Code: 360

Health Life Supplement

9556220122050000 2012 Document Code: 205

Health Property / Casualty Supplement

9556220122070000 2012 Document Code: 207

Schedule SIS

9556220124200000 2012 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

9556220123710000 2012 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

9556220123700000 2012 Document Code: 370

Medicare Part D Coverage Supplement

9556220123650000 2012 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

9556220122240000 2012 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

9556220122250000 2012 Document Code: 225

Approval for Relief related to Require. for Audit Committees

9556220122260000 2012 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



95562201230600000

2012

Document Code: 306

Analysis of Annuity Operations by Lines of Business



95562201221400000

2012

Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



95562201221300000

2012

Document Code: 213

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	118,628		118,628	81,664
1105. SELF INS TRUST FUND CTF	92,327		92,327	76,507
1106. GOODWILL	26,736,791	20,682,992	6,053,799	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	26,947,746	20,682,992	6,264,754	158,172

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total
0604.	X X X		
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2	General Administrative Expenses	Investment Expenses	Total
	Cost Containment Expenses	Other Claim Adjustment Expenses			
2504. Community Support			160,497		160,497
2505. Business Development			25,521		25,521
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			186,018		186,018

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104.			
1105.			
1106. GOODWILL	20,682,992		(20,682,992)
1107.			
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	20,682,992		(20,682,992)

INDEX TO HEALTH
ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23
Exhibit 8 - Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D	E22
Schedule DB - Verification	SI14
Schedule DL - Part 1	E23

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	33
Schedule S - Part 5	34
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14